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# Key Advantage With Expanded Benefits Health Benefits Plan



Administered by Anthem Blue Cross and Blue Shield  
And Magellan Behavioral Health

*July 1, 2003*

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# Key Advantage With Expanded Benefits Health Benefits Plan

Welcome to the Key Advantage With Expanded Benefits plan for your medical, prescription drug, dental, vision, employee assistance, and mental health coverage. This guide summarizes how the plan works and offers important information about your benefits. Your medical, prescription drugs, dental, and vision benefits are administered by Anthem Blue Cross and Blue Shield. Magellan Behavioral Health administers your employee assistance and mental health and substance abuse benefits.

**This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Key Advantage With Expanded Benefits Member Handbook or the Magellan Behavioral Health Member Handbook.**

## Service Area

This plan is available wherever employees and eligible retirees work or live.

## How The Plan Works

### Network Primary Care Physicians And Specialty Care Providers

Your plan covers care provided by primary care physicians and specialty care providers. To see a primary care physician, simply visit any network physician who is a general or family practitioner, internist or pediatrician. Your plan also covers care provided by any specialty care provider you choose in the network. Referrals are never needed to visit any specialty care provider. However, higher copayments apply for specialist visits.

For the most current list of network physicians, see the Provider Directory on the Web at [www.anthem.com](http://www.anthem.com). On the home page, choose Members & Consumers, then select Virginia. Click on the link for Commonwealth of Virginia and The Local Choice Members. Or call Anthem Member Services for assistance.

### Out-Of-Network Care

When care is received out-of-network, payment for covered services is reduced by 25%. You are responsible for any applicable deductible, copayment, or coinsurance. You also pay any balance above the allowable charge for care received from a provider who does not participate in the network. The cost for out-of-network services cannot be applied to the out-of-pocket expense limit. Claims payments are made directly to the member when services are received from a non-network provider.

## Care Outside Virginia—BlueCard®

If you live or travel outside of Virginia, you will receive the highest level of benefits when you receive care from a Blue Cross Blue Shield PPO provider in that area. Through the BlueCard® PPO program, your Anthem Blue Cross and Blue Shield ID card will be accepted by the providers and facilities throughout the country who participate with another Blue Cross Blue Shield company. Providers who participate with other Blue Cross Blue Shield companies will accept your copayment or coinsurance at the time of service instead of requiring full payment. These providers or facilities will file claims directly to their local Blue Cross Blue Shield company for you, and have agreed to accept the allowable charge established with their local Blue Cross Blue Shield company as payment in full for their services.

To find a BlueCard® PPO participating provider or facility, call **1-800-810-BLUE (2583)**, use the BlueCard Doctor and Hospital Finder on the Web at [www.bcbs.com](http://www.bcbs.com), or ask the provider to confirm their participation when you call to make an appointment. Be sure to present your medical identification card when you receive care outside Virginia. The suitcase emblem at the top of your card tells the physician or facility that your plan includes the BlueCard® program.

## Approval Of Care At A Glance

It's important to review and understand the rules shown below. Following them will help you use your benefits to your best advantage and minimize your out-of-pocket medical expenses.

Type of Service	Before You Receive Care
<i>Life-threatening Emergency Care</i> (Such as heart attack, hemorrhaging, poisoning, loss of consciousness, convulsions, multiple or compound fractures)	You must obtain Hospital Admission Review if admitted.
<i>Outpatient Services Which Require Medical Review</i>	To determine if a service requires medical review, contact your physician or Anthem Member Services. This process is also called pre-authorization. You could be responsible for the full cost of a service that requires medical review if it is not authorized in advance.
<i>Inpatient Hospital Care (Medical/Surgical)</i>	All hospital admissions must be coordinated by your physician and reviewed and approved in advance by Anthem. Before a hospital admission, you, your physician, a family member, or friend must call Anthem Blue Cross and Blue Shield: In Richmond: <b>(804) 359-7277</b> Outside Richmond: <b>1-800-242-7277</b>  However, if your physician does not make the call, it is your responsibility to make the call. The call must be made within 48 hours of an admission for a life-threatening emergency.
<i>Prescription Drugs Which Require Prior Authorization</i>	Your physician, pharmacist, or Anthem Member Services can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization on your behalf. To view a list of covered drugs and see if prior authorization is required, go to the Web at <a href="http://www.anthem.com">www.anthem.com</a> .
<i>Mental Health Care Or Substance Abuse Treatment</i>	Call Magellan Behavioral Health at <b>1-800-775-5138</b> for pre-authorization of care. Call within 48 hours after an emergency admission.

# Hospital, Medical, And Surgical Benefits

	Covered Services	In-Network You Pay
Outpatient Physicians' Care	Physician's charge for office and outpatient hospital facility visits	\$15 per PCP visit; \$25 per specialist visit
	Well baby office visits (to 6th birthday)	\$15 per PCP visit; \$25 per specialist visit
	▲ Immunizations	\$0
	▲ Lab and x-ray services	10% allowable charge (AC)
	Diagnostic x-rays, laboratory services, therapeutic injections, electronic tests (EEGs, EKGs, etc.), ultrasound, and nuclear medicine	10% AC
	Surgery and anesthesia	\$15 per PCP visit; \$25 per specialist visit
	Maternity Care	\$15 per PCP visit; \$25 per specialist visit
	▲ Pre- and postnatal care of mother	10% AC
	▲ Diagnostic testing (e.g., ultrasounds and fetal monitor procedures)	
	Mammography	
Gynecological Services	▲ Routine mammography screening and reading ( <i>No referral required</i> ) (Ages 35-39 – one screening/reading; ages 40-49 – one every other year; ages 50 and over – one each year)	10% AC
	▲ Diagnostic mammography screening and reading	10% AC
	Prostate specific antigen (PSA) screening for men age 40 and over	10% AC
	Physical therapy (requires medical review — contact your PCP)	\$15 per PCP visit; \$25 per specialist visit
Services Rendered By A Chiropractor	▲ One routine office visit per calendar year	\$15 per PCP visit; \$25 per specialist visit
	▲ One routine Pap Smear per calendar year	10% AC
	▲ Services performed in gynecologist's office	\$25 per specialist visit
	▲ Diagnostic x-rays and laboratory services	10% AC
Emergency Services For Life Threatening Conditions	Spinal manipulation limited to \$500 per calendar year	\$25 per specialist visit
Outpatient Hospital Care	<i>Examples: heart attack, hemorrhaging, poisoning, loss of consciousness, convulsions, multiple or compound fractures, etc.</i>	
	▲ Hospital emergency room	\$75 per visit (waived if admitted)
Inpatient Care (Includes professional provider services)	▲ Diagnostic x-rays and laboratory services	10% AC
	Treatment in a hospital emergency room or outpatient department	\$75 per visit (waived if admitted); plus \$25 per specialist visit
Major Medical	Hospital: 365 days per confinement for care of illness, injury, or pregnancy (semi-private room, intensive care unit, and ancillary services)	\$200 per confinement
	Skilled nursing home care: 180 days per confinement in contracting facility	\$0
Annual Out-Of-Pocket Expense Limit	\$1,000,000 lifetime maximum benefit per person. Includes private duty nursing, ambulance services, medical supplies, durable medical equipment, and the cost of blood for transfusions	Each calendar year: ▲ Applicable deductible • \$100 Single • \$200 Employee Plus One • \$300 Family ▲ Plus 20% AC
	Each calendar year: ▲ Single ▲ Employee Plus One ▲ Family	\$1,000 \$1,000 per covered person \$1,000 per covered person, not to exceed \$3,000 per family

# Employee Assistance, Mental Health And Substance Abuse Managed Care Benefits—Authorization Required

Administered by Magellan Behavioral Health

**Call 1-800-775-5138 before you receive care.**

	<i>The benefit period is July 1 through June 30</i>	<i>In-Network You Pay</i>
<i>Outpatient Care (Once authorized)</i>	Medically necessary visits with a licensed mental health or substance abuse professional each benefit period	\$25 per visit
<i>Inpatient/Partial Maximum Days Of Care</i>	Inpatient hospital care and partial day services per benefit period	\$200 per confinement
<i>Inpatient Hospital Services (Once authorized)</i>	Inpatient hospital services may include: <ul style="list-style-type: none"> <li>▲ Semi-private room, meals, and general nursing services</li> <li>▲ Prescribed drugs</li> <li>▲ Mental health care services</li> <li>▲ Emergency room services leading directly to admission</li> </ul>	
<i>Partial Day Program Services (Once authorized)</i>	Partial day services may include: <ul style="list-style-type: none"> <li>▲ Diagnostic Services;</li> <li>▲ Mental health care services, such as: <ul style="list-style-type: none"> <li>· Outpatient detoxification</li> <li>· Individual psychotherapy</li> <li>· Group psychotherapy</li> <li>· Psychological testing</li> <li>· Counseling with family members to assist in the patient's diagnosis and treatment</li> <li>· Electroconvulsive therapy</li> </ul> </li> </ul>	
<i>Out-Of-Network Care (Once authorized)</i>	You pay 25% of the allowable charge plus any applicable deductible, copayment, or balance above the allowable charge for <b>medically necessary</b> care received from a provider who does not participate in the Mental Health and Substance Abuse Managed Care Program network.	
<i>Employee Assistance Program (EAP)</i>	The EAP provides up to 4 visits free of charge. Please contact Magellan Behavioral Health for more information about services available.	

## Authorization Required For Mental Health And Substance Abuse Services

**There is a separate review requirement for mental health and substance abuse care.** All inpatient, partial day, and outpatient services must be authorized. **For authorization of care,** call Magellan Behavioral Health at **1-800-775-5138** *before* you receive care, or within 48 hours of an emergency admission.

# Retail Pharmacy And Home Delivery Prescription Drug Benefits

## Retail Pharmacy

This is a **mandatory generic** outpatient prescription drug program. If a generic equivalent exists for a brand name drug, you have two choices. You may request the generic and pay only the copayment. Or you or your physician may request a brand name drug and you will be responsible for the following:

- ▲ **At a participating pharmacy** you will be responsible for the applicable copayment plus the difference between the allowable charge for the generic equivalent and the allowable charge for the brand name drug.
- ▲ **At a non-participating pharmacy** you pay the total price for the drug and then file a Prescription Drug Direct Reimbursement Claim Form. Reimbursement is limited to the allowable charge for the generic drug minus your copayment.

### To obtain prescriptions at a participating retail pharmacy simply:

1. Present your Anthem identification card to your pharmacist.
2. Pay the appropriate copayment. The pharmacist will tell you the amount of your copayment.
3. If you request a brand name drug when a generic is available, you pay the appropriate copayment *plus* the difference between the generic and the brand name allowable charge.

**Note: Some drugs require Prior Authorization** before they are dispensed. See Approval Of Care At A Glance, page 2.

## Home Delivery Pharmacy

This is a convenient, cost-effective way to obtain up to a 90-day supply of medications you take routinely (such as medication for high blood pressure or high cholesterol). Your medications are delivered directly to your home. You will receive a Home Delivery Pharmacy packet with your medical identification card when you enroll in the plan. You may also contact Anthem Member Services for a packet.

## Your Copayments

Prescription drugs are divided into three tiers or categories, and you pay the appropriate prescription copayment by tier. In general, the first tier covers generic drugs which are usually the least expensive. The second tier is lower cost brand name drugs and some generic drugs. The third tier is higher cost brand name drugs and may include newly introduced drugs.

To determine in which tier your prescription drug falls, go to [www.anthem.com](http://www.anthem.com). Select Members and Consumers, then choose Virginia. On the home page select the link to Commonwealth of Virginia and The Local Choice Members. Then select the Prescription Drug Program link. You may also contact Anthem Member Services for assistance.

	First Tier Copayment <i>Typically Generic Drugs</i>	Second Tier Copayment <i>Lower Cost Brand Name Drugs And Some Generic Drugs</i>	Third Tier Copayment <i>Typically Higher Cost Brand Name Drugs</i>
<i>Participating Retail Pharmacy: Per 34-day supply</i>	\$15	\$20	\$35
<i>Home Delivery Pharmacy: Up to 90-day supply</i>	\$18	\$33	\$63

# Dental Benefits

To reduce your out-of-pocket expenses, use Anthem Blue Cross and Blue Shield network dentists.

Plan Pays \$1,200 Maximum Per Person Each Calendar Year  
(Applies to all covered services except Orthodontic services)

In-Network You Pay

<i>Diagnostic And Preventive Services</i>	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$0
<i>Primary Services</i>	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC
<i>Complex Restorative</i>	Inlays, onlays, crowns, dentures, bridges, relining dentures for a better fit, and implants	50% AC
<i>Orthodontic Services</i> (Plan pays \$1,200 maximum per lifetime per enrolled member)	<p>Services to correct a handicapping malocclusion (a severe deviation from the normal range of positioning of the teeth), tooth guidance and harmful habit appliances, interceptive treatment, surgical exposure of unerupted teeth when performed for orthodontic purposes, orthodontic x-rays, and orthodontic evaluations when no treatment is initiated</p> <p><b>There is a 12-month waiting period to receive coverage for orthodontic services. Credit toward this waiting period will be given if you had orthodontic benefits under previous coverage, and that coverage ends the day before this coverage begins. In addition, orthodontic benefits paid under the previous coverage will count against the \$1,200 lifetime maximum.</b></p>	50% AC
<i>Out-Of-Network Care</i>	For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge. Claims payments are made directly to the member, unless the member assigns benefits to the provider.	

## Using Your Dental Benefits

Claims will be handled by the dentist's office and you will be responsible only for any coinsurance, which applies to the covered care you receive. If you go to a non-network dentist, you may pay more of the bill.

To reduce your out-of-pocket expense, choose an Anthem Blue Cross and Blue Shield network dentist shown in the Commonwealth of Virginia and The Local Choice Provider Directory. View the Provider Directory on the Web at [www.anthem.com](http://www.anthem.com).



# Vision Benefits

Covered Services (Once Every 24 Months)	In-Network You Pay
<i>Routine Eye Examination</i>	\$25 per specialist visit, no deductible
Covered Services (Once Every 24 Months)	Plan Pays Up To
<i>Eyeglass Frames</i>	\$75
<i>Lenses</i>	
▲ One pair of eyeglass lenses:	
Single lenses	\$50
Bifocal lenses	\$75
Trifocal lenses	\$100
<b>OR</b>	
▲ Contact lenses (regardless of type)	\$100

## Using Your Vision Benefits

If you go to a non-network provider for your routine eye examination, in addition to the \$25 copayment, the plan's payment will be reduced by 25%. You also may be billed for the difference between Anthem's allowable charge and the provider's charge.

See the Anthem Commonwealth of Virginia and The Local Choice Provider Directory for network opticians, optometrists and ophthalmologists. View the Provider Directory on the Web at [www.anthem.com](http://www.anthem.com).

You are responsible for paying any costs above the amounts listed for eyeglass frames and lenses. Providers may require payment from you for the difference between this fixed amount and their charges. The provider may choose to file the claim for you, or you may use the standard Anthem claim form to file your claim.

If you need medical treatment for your eyes, consult your physician or a network eye specialist.

# Preventive Care

Covered routine tests and screenings, including office visits, are shown below.

	<i>Frequency Per Calendar Year</i>	<i>Age 20-35</i>	<i>Age 36-39</i>	<i>Age 40-49</i>	<i>Age 50+</i>
<i>Blood Pressure Tests (Hypertension)</i>	1 Every Year	◆	◆	◆	◆
<i>Cholesterol Tests (Coronary Artery Disease)</i>	1 Every Year		◆	◆	◆
<i>Fecal Occult Blood Tests (Colorectal Cancer)</i>	1 Every Year			◆	◆
<i>Sigmoidoscopy or Barium Enema (Colorectal Cancer)</i>	1 Every Year			◆	◆
<i>Office Visits (In conjunction with these covered tests and screening services)</i>	1 Every Year 2 Every Year	◆	◆	◆	◆

◆ = Covered

# Immunizations And Vaccinations—Age 6 And Over

There is no copayment or coinsurance for these services. Following is a schedule of covered immunizations and vaccinations.

	<i>Frequency</i>
<i>Influenza</i>	1 Every Year
<i>Pneumonia</i>	1 Per Lifetime
<i>Chicken Pox</i>	2 Doses, 4 - 8 Weeks Apart
<i>Tetanus Booster</i>	1 Per 10 Years
<i>Hepatitis B</i>	One 3-Shot Series Per Lifetime

# Special Programs

## Magellan Behavioral Health Employee Assistance Program (EAP)

The EAP provides up to four counseling sessions free of charge. Contact Magellan Behavioral Health at **1-800-775-5138** for more information.

## Baby Benefits Offered Through CommonHealth

*Baby Benefits* is a prenatal program available at no cost to you, your spouse, or your dependent(s) through CommonHealth. This program is designed to help women have healthy pregnancies and to help reduce the chances of a premature delivery. A *Baby Benefits* consultant is assigned to women identified as having a greater risk of premature delivery. The consultant (a nurse or health educator) works with the mother-to-be and her physician during the pregnancy to determine what may be needed to help achieve a full-term delivery. **As soon as pregnancy is confirmed, sign up for the program by calling 1-800-828-5891.** You will receive:

- ▲ a kit containing educational material on how to get proper prenatal care and identify signs of premature labor;
- ▲ a risk appraisal to identify signs of premature labor; and
- ▲ after delivery, a birth kit and child care book.

## Anthem Better Prepared<sup>SM</sup> Program

Your plan includes Anthem Better Prepared—a program designed to help you better understand and manage four chronic conditions: asthma, congestive heart failure, coronary artery disease, and diabetes. To register in this voluntary, confidential program, simply call our care management nurse consultants at **1-800-445-7922**. Enrolled members receive 24-hour access to registered nurses who can answer health questions, provide information about the most current treatment options and work with the member's physician to reinforce the prescribed plan of care. The goal of Anthem Better Prepared is to help members understand and better manage their health condition for improved quality of life.

## Healthy Complements<sup>SM</sup>

Healthy Complements gives you access to a national network of acupuncturists, chiropractors, and massage therapists who offer Anthem plan members a 25% discount for services. You may also receive preferred pricing from a national network of health clubs and fitness centers. Purchase a variety of natural health and wellness products—from vitamins, minerals, and herbal supplements to videos and books—at discounted prices. Since Healthy Complements is a service, not a covered benefit, there are no referrals or claim forms involved. More information about Healthy Complements, administered by American Specialty Health Networks, is available at **[www.anthem.com](http://www.anthem.com)** under SpecialOffers@Anthem.

## Additional Information

The following information helps explain terms used in this benefits summary. Also, see the Definitions section of the Key Advantage With Expanded Benefits Member Handbook for more information.

### Allowable Charge (AC)

The term has two meanings, depending on whether the service is provided by a physician (or other health care professional) or a hospital.

- ▲ For care by a physician or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service.
- ▲ For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service, or the facility's charge for that service, whichever is less.

For complete information about the allowable charge, please see the Key Advantage With Expanded Benefits Member Handbook.

### Annual Out-of-Pocket Expense Limit

The plan pays eligible covered expenses at 100% of the allowable charge for the balance of the calendar year once your annual out-of-pocket expense limit is met.

- ▲ Single – \$1,000 limit per year
- ▲ Employee Plus One – \$1,000 limit per covered person, per year
- ▲ Family – \$1,000 limit per covered person, not to exceed \$3,000 per family.

Once the out-of-pocket expense for covered services for an individual reaches \$1,000, future covered expenses for that individual will be paid at 100% of the allowable charge until the end of the calendar year.

The following types of expenses **do not count** toward your out-of-pocket expense limit:

- ▲ Copayment and coinsurance amounts for outpatient prescription drugs
- ▲ Deductibles, copayments, and coinsurance for covered services received from a non-network hospital or non-network provider
- ▲ Amounts above the allowable charge or any amounts that exceed specific fixed dollar benefit limits
- ▲ Any reduction applied to hospital services because of failure to comply with the hospital admission review procedure
- ▲ Any percentage point reduction applied for hospital services with respect to certain specialized tissue and organ transplant procedures

### Confinement

This is the period of time from admission to the date of discharge. If you are readmitted within 90 days of your discharge date, a new deductible will not apply.

### Copayment For Maternity Services (Pre- And Postnatal Care)

There is only one per visit copayment if the provider submits one bill for all the mother's routine pre- and postnatal care *and* the delivery of the child.

# If You Need Assistance

## **Anthem Blue Cross and Blue Shield**

### **Medical Care, Prescription Drugs, and Dental**

**(804) 355-8506** in Richmond

**1-800-552-2682** outside Richmond

*Monday through Friday 8:00 a.m. – 6:00 p.m.*

*Saturday 9:00 a.m. – 1:00 p.m.*

On the Web at [www.anthem.com](http://www.anthem.com)

### **Hospital Admission Review**

**(804) 359-7277** in Richmond

**1-800-242-7277** outside Richmond

## **Magellan Behavioral Health**

### **Employee Assistance, Mental Health and Substance Abuse Care**

**1-800-775-5138**

On the Web at [www.dhrm.state.va.us/services/health/magellan.htm](http://www.dhrm.state.va.us/services/health/magellan.htm)

## **The Local Choice**

The Local Choice Health Benefits Program

Commonwealth of Virginia

Department of Human Resource Management

101 North 14th Street – 13th Floor

Richmond, VA 23219

On the Web at [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)





*NOTE: This is not a policy. This is a brief summary of the Key Advantage With Expanded Benefits health benefits plan. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Key Advantage With Expanded Benefits Member Handbook.*